

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON

KELLY CONRAD GREEN II, an
individual, by and through his
guardian ad litem Derek
Johnson,

Plaintiff,

vs.

No. 6:13-cv-01855-TC

CORIZON HEALTH, INC., a
Tennessee Corporation, et al.,
Defendants.

VIDEOTAPED DEPOSITION OF VICKI THOMAS

Taken on behalf of the Plaintiff

February 21, 2014

* * *

Vicki Thomas . 2/21/2014

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1 BE IT REMEMBERED that the videotaped
2 deposition of VICKI THOMAS was taken on behalf
3 of the Plaintiff, pursuant to the Federal Rules
4 of Civil Procedure, before Pamela Beeson
5 Frazier, Certified Shorthand Reporter for
6 Oregon, California, and Washington, and a
7 Registered Professional Reporter, on Friday,
8 February 21, 2014, in the law offices of
9 Stewart Sokol & Gray, 2300 SW First Avenue,
10 Suite 200, Portland, Oregon, commencing at the
11 hour of 9:15 a.m.

12 APPEARANCES:
13 ROSENTHAL GREENE & DEVLIN
14 BY: MR. JOHN THOMAS DEVLIN
15 MR. ELDEN ROSENTHAL
16 121 SW Salmon Street, Suite 1090
17 Portland, Oregon 97204
18 Attorney for Plaintiff
19 STEWART SOKOL & GRAY
20 BY: MR. JAMES M. DAIGLE
21 MR. ROBERT COLEMAN
22 2300 SW 1st Avenue, Suite 200
23 Portland, Oregon 97201
24 Attorney for Corizon Health, Inc.
25

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1 LANE COUNTY, OFFICE OF LEGAL COUNSEL
2 BY: MR. SEBASTIAN NEWTON-TAPIA
3 Lane County Courthouse
4 125 E. 8th Avenue
5 Eugene, Oregon 97401
6 Attorney for Lane County, Rob Dotson,
7 Donald Burnette, Guy Balcom
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1 VICKI THOMAS
2 was thereupon produced as a witness and,
3 after having been first duly sworn on oath,
4 was examined and testified as follows:
5
6 EXAMINATION
7 BY MR. DEVLIN:
8 Q. Good morning.
9 A. Good morning.
10 Q. My name is John Devlin, and I'm an attorney
11 here in Portland representing the estate of a
12 man named Kelly Green, who brought a lawsuit
13 against Corizon and Lane County and various
14 individuals out of an incident that happened
15 back last February.
16 I asked you to come here this morning so I
17 can ask you some questions about what you saw
18 and heard that day and also some Corizon
19 policies and procedures. That's kind of my
20 agenda.
21 Have you ever had your deposition taken
22 before?
23 A. No.
24 Q. From my perspective, I'm sure your able lawyers
25 have covered the ground rules with you really.

(Pages 2 to 5)

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1 providers, holding monthly informational
 2 sessions for new patients. At one point I went
 3 to Denver and helped out at a clinic there when
 4 they were without a program manager.
 5 Q. What was the name of that clinic that you were
 6 at?
 7 A. The initials are FFC, Fibro & Fatigue Centers.
 8 They no longer exist.
 9 Q. And it was a national organization with a
 10 Portland office?
 11 A. Yeah.
 12 Q. And how long did you do that job as a program
 13 manager?
 14 A. About a year and a half.
 15 Q. How many people would you say, roughly, you
 16 were supervising?
 17 A. It was a small clinic: Two physicians, a
 18 medical assistant, two nurses, an
 19 administrative assistant. And then there was a
 20 laboratory technician, but he worked for Quest
 21 so I -- I oversaw what he did, but I was not
 22 legally his boss.
 23 Q. And then the senior living centers that you
 24 worked at, what kind of jobs were you doing at
 25 those places?

1 A. No.
 2 Q. How long did you do that teaching?
 3 A. I taught three classes, so not quite a year.
 4 Q. Not three individual classes but three group
 5 sort of sessions?
 6 A. Three sessions, yes, like terms, three terms.
 7 Q. Terms, okay, great. So now let's walk through
 8 your employment at Corizon. You started in
 9 September 2012. What did you -- what job did
 10 you start in?
 11 A. Assistant HSA at Washington County jail.
 12 Q. And then just walk me through just first
 13 positions you've held at Corizon from that
 14 point to now?
 15 A. In late December I was asked to go to Lane as
 16 the interim HSA there. I was there as interim
 17 HSA until mid-March when I returned to
 18 Washington County jail and became the HSA
 19 there.
 20 And I was at that position until the 1st
 21 of November when I assumed the regional
 22 clinical services manager position for Western
 23 Region.
 24 Q. So tell me again, what's your current title?
 25 A. Regional clinical service manager, Western

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1 A. When I was in McMinnville, I was the only nurse
 2 for the whole campus, so I delegated to the
 3 caregivers. I conducted care meetings with the
 4 families and the residents. I signed off on
 5 all the physician orders that came to the
 6 facility.
 7 I monitored the narcotics usage. I
 8 visited and met with residents. I monitored
 9 the care plans and how they were being
 10 instituted. I helped with events.
 11 Q. So, in your mind, would you describe that as
 12 more of an administrative job supervising
 13 people, or providing direct care, or does
 14 that -- is there a distinction --
 15 A. It was both, it was both.
 16 Q. What about at the other, at Calaroga?
 17 A. At Calaroga it was also both.
 18 Q. Similar idea?
 19 A. At Calaroga I wasn't the only nurse. I had --
 20 I oversaw the nurses and the caregivers and the
 21 med-aides. And then the executive director and
 22 I started an in-home health care program in the
 23 building.
 24 Q. And how long -- are you still teaching at
 25 Mt. Hood?

1 Region Jails.
 2 Q. So when you went back to Washington County in
 3 March of 2013, did you go back as the HSA?
 4 A. Yes.
 5 Q. So when you started at Washington County, who
 6 was the HSA?
 7 A. Stevens Hippolyte.
 8 Q. And do you know whether Mr. Hippolyte still
 9 works for Corizon?
 10 A. He does not.
 11 Q. Have you kept in touch with him?
 12 A. A little bit.
 13 Q. Do you know how to contact him?
 14 A. I have a phone number for him, yes.
 15 Q. You do? Okay. Do you have a physical address
 16 as well or an email address, anything like
 17 that?
 18 A. No.
 19 Q. When is the last time you talked to him?
 20 A. About maybe a month ago.
 21 Q. And it was a working -- a good phone number for
 22 him, the one you had?
 23 A. Actually, we didn't talk on the phone. We were
 24 driving down 217, side by side.
 25 Q. In different cars?

(Pages 22 to 25)

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1 discussion about whether to move forward or
 2 have more interviews, or not.
 3 Q. I see. So tell me if I have it right, because
 4 I'm trying to short-circuit some of this. So
 5 you were not receiving the applications and
 6 doing the screening; that was all happening
 7 somewhere else. You were basically being told,
 8 we've screened this candidate, interview him
 9 and see what you think?
 10 A. Correct.
 11 Q. And do you remember at all what your criteria
 12 were or what you were looking for in hiring an
 13 HSA?
 14 A. Someone with previous management experience,
 15 preferably correctional experience, had to have
 16 been an RN, someone creative, flexible, quick
 17 thinker, good nursing background.
 18 Q. Okay. Overall, would you say that the -- I'm
 19 trying to think of the right way to say this.
 20 How would you compare just the overall process,
 21 the way the Corizon office is run in the
 22 Washington County jail versus the Lane County
 23 jail? Are they the same or are there
 24 differences between the two?
 25 A. There's differences.

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1 Q. And can you describe what those differences
 2 are?
 3 A. Well, the jails are different. That's --
 4 Q. Tell me about that.
 5 A. They're physically different. The way intake
 6 and booking and housing are done is different.
 7 The custody is different. The counties are
 8 different. They're just different.
 9 Q. So do the same Corizon policies and procedures
 10 apply to both places?
 11 A. Yes.
 12 Q. There's no separate sort of manual or handbook
 13 for one county versus the other?
 14 A. No.
 15 Q. Okay. So one of the things I wanted to see if
 16 you could help me understand is, I want to
 17 focus now on the Lane County time period.
 18 While you were the interim HSA at Lane County,
 19 were you the senior medical person in the
 20 facility?
 21 A. No.
 22 Q. So who was?
 23 A. The site medical director, Dr. Montoya.
 24 Q. Dr. Montoya, okay. And how did your --
 25 describe for me the difference between what

1 your job was and what Dr. Montoya's job was.
 2 A. Dr. Montoya oversaw clinically how the unit was
 3 run, and he also had direct supervision of the
 4 PA. I had more administrative duties. I made
 5 sure that the contract was followed, policy and
 6 procedure were followed, staff was properly
 7 trained, and I interfaced with the lieutenant.
 8 Q. And the whole time that you were at Lane County
 9 jail, was Dr. Montoya the medical director?
 10 A. Yes.
 11 Q. And Chris White was the PA?
 12 A. Yes.
 13 Q. And so did you play any role as the HSA in
 14 making sure that Dr. Montoya did his job?
 15 A. Yes.
 16 Q. Tell me about that. How would you make sure he
 17 was doing what he was supposed to do?
 18 A. Made sure he showed up, fulfilled his
 19 contractual hours.
 20 Q. Was that one day a week?
 21 A. Yes. Made sure that if there were new manuals
 22 that came from Corizon that he reviewed them
 23 and signed off on them; made sure that things
 24 that needed his signature had his signature.
 25 Q. But in terms of the clinical content of his

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1 work that he was doing or his supervision of
 2 Chris White, did you see that as part of your
 3 job, to make sure the substantive clinical
 4 work -- to be checking on that in some way?
 5 A. I did that with monthly chart audits.
 6 Q. So tell me about that. How would you do that?
 7 A. The corporate sent out continuous quality
 8 improvement audit templates each month on
 9 different topics. And as the HSA, I would then
 10 pull the designated number of charts or have
 11 the medical records or the CMAs pull them for
 12 me.
 13 And then I would do an audit based on the
 14 template and the questions asked. And it
 15 covered nurse things, PA things, physician
 16 things, dentist things, psychiatrist things.
 17 So it covered the whole gamut.
 18 Q. Okay. And that job of doing that monthly
 19 checking that I've seen some of the charts and
 20 flow charts, that the job of doing that
 21 continuous quality improvement checking, that
 22 was the HSA's job?
 23 A. Correct.
 24 Q. And then would you have meetings with
 25 Dr. Montoya to go over things at the jail? I

(Pages 34 to 37)

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1 just didn't know if you and he had a regular
 2 standing meeting or anything like that.
 3 **A. We did not have a regular standing meeting.**
 4 **But he attended the monthly staff meetings, and**
 5 **any areas of concern or news or new forms would**
 6 **be discussed at those meetings.**
 7 Q. Okay. And I'll get to that in a minute.
 8 And then what about Ms. White, how would
 9 you describe sort of what your job was as
 10 opposed to what her job was?
 11 **A. Her job was to see patients. My job was**
 12 **everything else.**
 13 Q. And did you feel like you played some role in
 14 supervising her, as well?
 15 **A. Made sure she showed up, did her contractual**
 16 **hours, that if she needed anything**
 17 **equipment-wise or whatever, I would make sure**
 18 **and procure that.**
 19 **We'd talk about difficult cases together**
 20 **when Dr. Montoya wasn't around, or the three of**
 21 **us would. She attended the staff meetings.**
 22 **We'd go to man-down calls together.**
 23 Q. One of the things that came up in Ms. Fagan's
 24 or Ms. Epperson's deposition that I hadn't
 25 heard before is that, when you were in Lane

1 more senior than the other RNs on staff?
 2 **A. Correct.**
 3 Q. Okay. If they had a problem, one of the nurses
 4 had an issue, you would be the person they
 5 would come to?
 6 **A. Correct.**
 7 Q. And when you were the HSA in Lane County, what
 8 hours did you work?
 9 **A. I would get there in the morning, anywhere from**
 10 **7:00 to 9:00, depending on the day of the week,**
 11 **and would stay until 5:00, 6:00, 7:00,**
 12 **depending on what needed to be done.**
 13 Q. Were you working Monday through Friday?
 14 **A. Yes.**
 15 Q. And then were you on call?
 16 **A. Yes.**
 17 Q. Tell me about that. How would that work?
 18 **A. 24/7. If they needed something, they called**
 19 **me.**
 20 Q. Were you paid by the hour or were you salaried?
 21 **A. Salaried.**
 22 Q. Did your salary change at all when you did the
 23 Lane County job?
 24 **A. No.**
 25 Q. So what's your -- back in this time frame, what

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1 County was there a charge nurse --
 2 **A. No.**
 3 Q. -- who was different from just the regular RNs?
 4 **A. No.**
 5 Q. Is that something that exists, to your
 6 knowledge -- does that exist in Washington
 7 County?
 8 **A. No.**
 9 Q. So in terms of the nursing staffing on a
 10 particular -- let's take day shift, because
 11 that's when the most nurses are there. On a
 12 particular day shift when you were in Lane
 13 County, did the -- what would the different
 14 nurses be doing in terms of their jobs?
 15 **A. One of the nurses would handle seeing the**
 16 **patients that were withdrawing in the**
 17 **segregation area, plus handle intake. Another**
 18 **nurse would be in the clinic seeing patients,**
 19 **either doing histories and physicals or**
 20 **answering medical requests.**
 21 Q. But there was no -- and were you the supervisor
 22 of the nurses?
 23 **A. Yes.**
 24 Q. But there was no -- other than you, there was
 25 no nurse who was sort of designated as being

1 was your salary?
 2 **A. I don't remember.**
 3 Q. Just ballpark it. 40, 80?
 4 **A. I don't remember. I honestly don't remember.**
 5 Q. Okay. But because it was a salaried job, you
 6 considered yourself available if people needed
 7 things 24/7, and people knew they could call
 8 you?
 9 **A. Yes.**
 10 Q. So you mentioned -- I want to talk about sort
 11 of what kind of meetings there were on any kind
 12 of regular basis when you were the HSA in Lane
 13 County.
 14 So first let's start with meetings, just
 15 Corizon meetings. It sounds like, was there
 16 some sort of staff meeting just for the Lane
 17 County folks?
 18 **A. You mean the medical staff?**
 19 Q. Yeah.
 20 **A. Yes, monthly.**
 21 Q. And who would lead that meeting?
 22 **A. Me.**
 23 Q. Were all of the Corizon employees expected to
 24 attend that meeting?
 25 **A. Yes.**

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1 A. I'm responsible for overseeing clinical aspects
2 of all the jails in the western region.
3 Q. Tell me what that means.
4 A. I do site visits where I audit pharmacy, sick
5 call, intake, nursing process, charts,
6 medication records, visit with staff.
7 I provide a monthly call to all the
8 directors of nurses of the jails. I sit on the
9 infection control committee, sentinel
10 committee, and attend region leadership
11 meetings.
12 Q. And did you replace someone in that job?
13 A. Yes.
14 Q. Who was that?
15 A. Jennifer Slencak.
16 Q. Is that actually the person you referred to at
17 the beginning, your friend?
18 A. Yes.
19 Q. And so how does that job -- what's -- help me
20 understand the difference between that job and
21 the regional vice president of the western
22 region, Mr. Legg's job.
23 A. The RVP position is operational. My job is
24 clinical.
25 Q. So, in your mind, just tell me what those terms

1 Q. Does the Washington County jail have a director
2 of nursing?
3 A. Yes, it does.
4 Q. And that position, is that below the HSA on the
5 organizational chart?
6 A. That's correct.
7 Q. Let's -- I want to talk a little bit about the
8 conditions at the Lane County jail while you
9 were there. Do you recall any staff members,
10 any Corizon folks, raising concerns about the
11 level of staffing at the Lane County jail while
12 you were there?
13 A. Yes.
14 Q. Tell me what you remember about that.
15 A. Nurses will always complain that there's not
16 enough nurses to do the job. Whether you're in
17 a hospital, a nursing home, a jail, a clinic,
18 it's a common complaint. So I heard that they
19 would appreciate more nurses.
20 Q. So, again -- and tell me if I've got it wrong
21 because I want to make sure I get it. Were
22 there nurses -- while you were the Lane County
23 HSA, were there nurses telling you that, in
24 their opinion, there was not enough nursing
25 staff to do the job?

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1 mean.
2 A. RVP position is responsible for the finances,
3 the budgets, the staffing, contractual
4 obligations. I'm strictly clinical.
5 Q. And are they on a DEP chart? Are they
6 equivalent, or is one above --
7 A. I couldn't tell you. I don't know.
8 Q. Do you know, who or what position is your
9 supervisor now?
10 A. George Vaughn.
11 Q. And what's Mr. Vaughn's title?
12 A. VPO of western region.
13 Q. I think you referenced something about doing
14 monthly calls with directors of nursing. So
15 are there some jails around the country that
16 actually have a position called the director of
17 nursing?
18 A. Yes.
19 Q. But that position did not exist in the Lane
20 County jail?
21 A. That's correct.
22 Q. And is that because of the size of the jail?
23 A. That's correct.
24 Q. It's not a big enough jail to need that job?
25 A. That's correct.

1 A. Yes.
2 Q. And do you remember who raised those concerns?
3 A. No, no.
4 Q. Was it more than one nurse?
5 A. Yes.
6 Q. Was it all the nurses?
7 A. I can't answer that.
8 Q. What did you do in response to those concerns?
9 A. I pulled out the staffing matrix of the
10 contract and showed them our contractual
11 obligations. I helped revamp staffing times
12 for overlap. I taught them how to multitask
13 and showed them areas where they were wasting
14 time or not utilizing their time to the best of
15 their ability.
16 Q. Did you ever talk to anyone above you at
17 Corizon about the concerns raised by the nurses
18 at the Lane County jail?
19 A. No.
20 Q. Why not?
21 A. I didn't see the need.
22 Q. Because you didn't agree with their concerns?
23 A. Correct.
24 Q. You thought they were just complaining?
25 A. Correct.

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1 Q. And then do you know who would be
2 responsible -- what was your understanding back
3 when you were a Lane County HSA about who would
4 be responsible for paying? If somebody had
5 already been booked into the jail, been
6 accepted into the jail but they weren't yet
7 housed in a particular wing, did you know who
8 would pay in that situation?
9 A. No.
10 Q. Do you know the difference from your work in
11 the jail about when someone is booked into the
12 jail as opposed to when they're housed? Do
13 those terms have different meanings to you?
14 A. No. As soon as they are booked in, they become
15 the responsibility of Corizon.
16 Q. Okay, okay. Does Corizon -- as the HSA, are
17 you expected to monitor those types of
18 expenses?
19 A. Yes.
20 Q. Tell me how you're expected to do that.
21 A. We get a monthly report. There's a utilization
22 management department that we are in contact
23 with regarding outside service providers. We
24 speak with the regional medical directors as
25 well as the site medical director when someone

1 month that shows how many ER visits, et cetera,
2 that we have. And all of that is looked at to
3 make sure that we're utilizing the services
4 properly and that patients that are sent out,
5 it's a need.
6 So that it's not -- for instance, you
7 know, somebody can't go and get a nose job
8 while they're in the jail. That's how it's
9 looked at.
10 Q. So how would -- if a provider in a jail
11 somewhere decided that an inmate needed to go
12 to the emergency room, how would someone at
13 utilization management review that decision to
14 decide if it was appropriate or not?
15 MR. DAIGLE: Object to form.
16 THE WITNESS: They review it afterwards.
17 BY MR. DEVLIN:
18 Q. Do you know what they would look at to try to
19 figure out whether it was appropriate or not?
20 MR. DAIGLE: Object to form.
21 THE WITNESS: They get the ER referral
22 sheet, and then they're in contact with the
23 hospital.
24 BY MR. DEVLIN:
25 Q. So your understanding is that someone from

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1 is sent to the hospital.
2 We have certain vendors, service providers
3 that we contract with, and those are the folks
4 that we're supposed to utilize. And if we --
5 if there is something needed that we don't have
6 a vendor contracted for, then we contact
7 corporate, and then the department that handles
8 that, then they get us somebody.
9 Or the utilization management or regional
10 medical director would okay for somebody to go
11 to someplace special if there wasn't a contract
12 provided for that.
13 Q. So the name of the department in Corizon that
14 you would be in contact with at the HSA is the
15 utilization --
16 A. Management department.
17 Q. And do you know whether any people with medical
18 training are in that department?
19 A. I have no idea what their credentials are.
20 Q. And as an HSA, are you judged in your
21 performance on whether those utilization rates
22 are too high?
23 A. Yes.
24 Q. Tell me about that. How is that evaluated?
25 A. As I said, there's a report that comes out each

1 utilization management might actually speak
2 directly with someone from the hospital where
3 the inmate was sent?
4 A. Yes.
5 Q. And then while somebody was in the hospital
6 that was going to be a prolonged
7 hospitalization, not just an ER visit, were
8 there efforts made to monitor what was
9 happening in the hospital by Corizon?
10 A. Yes.
11 Q. Tell me how that would be done.
12 A. Either the PA or the site MD would be in
13 contact with the local hospital. And if they
14 weren't getting any information, the
15 utilization department would step in. And if
16 they weren't getting any information, then the
17 regional medical director would step in.
18 Q. And do you know why Corizon folks would do that
19 while someone was in the hospital?
20 A. To make sure that the care that was needed was
21 received and to make sure that discharge wasn't
22 held up based on erroneous information from the
23 hospital.
24 Q. And was there an effort to try to get the
25 person discharged as soon as could be done?

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1 A. Yes.
 2 Q. Because it was costing Corizon money to have a
 3 person in the hospital?
 4 A. Correct. And it was also costing the County,
 5 because the deputy has to be there with the
 6 patient.
 7 Q. Do you know whether there's a system -- when
 8 you were the Lane County HSA, was there a
 9 system in place to keep track of the monthly
 10 payroll expenses to all the Corizon staff
 11 folks?
 12 A. Yes.
 13 Q. Did you play a role in monitoring that?
 14 A. Yes.
 15 Q. So tell me about that. How would you keep
 16 track of that?
 17 A. There is a software system called Kronos that
 18 captures all the data of clock-ins and
 19 clock-outs. And I was responsible for
 20 approving payroll every pay period by going
 21 onto Kronos and looking over everything and
 22 making sure it was accurate, and then giving my
 23 electronic approval and sending it to payroll.
 24 Q. And what was your -- in addition to making sure
 25 all the paperwork was right and it was all done

1 Q. So you were -- and again, tell me if I'm wrong.
 2 One of the things you were doing when looking
 3 at the payroll was making sure that the number
 4 of hours worked for different positions matched
 5 what the matrix said?
 6 A. Not. When I'm approving payroll for Kronos,
 7 no.
 8 Q. Oh, you said when you're making the schedule?
 9 A. When I'm making the schedule, yes.
 10 Q. And so as the HSA, would you actually be the
 11 one to sit down and say what days everybody was
 12 going to work and what shifts?
 13 A. It started out as the job of one of the other
 14 nurses, and when she was no longer employed
 15 there, I took it over.
 16 Q. Do you know whether -- while you were the HSA,
 17 did you also play a role in monitoring the
 18 pharmaceutical expenses of the jail?
 19 A. Yes.
 20 Q. Tell me about how you did that.
 21 A. It was a monthly report that came out that
 22 showed our pharmaceutical utilization and the
 23 costs, and I just made sure that we weren't
 24 ordering medications that would then just sit
 25 on a shelf.

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1 properly, were you instructed -- substantially
 2 what were you checking it for? To make sure it
 3 matched the matrix or to make sure it was low
 4 as could be? What were you looking for when
 5 you were reviewing it?
 6 A. To make sure that there was a clock-in and a
 7 clock-out and a lunch-in and a lunch-out for
 8 every day that an employee worked in that pay
 9 period; and to make the sure that if they were
 10 off sick or had PTO time that it was so marked;
 11 and that if they clocked in early, late, out
 12 early, late, or missed a punch, that that was
 13 accurately documented.
 14 Q. But you were as the HSA also reviewing it to
 15 see if it fit in within the larger budget of
 16 the jail or something like that?
 17 A. Not at that point, no.
 18 Q. Did that change at a certain time?
 19 A. No. What I mean is, when you make a schedule
 20 for staff for the month, you follow the matrix,
 21 and if you're following the matrix, you're
 22 following the budget.
 23 Q. Because the matrix matches the budget?
 24 A. The matrix matches the contract, which matches
 25 the budget, yes.

1 We made sure that we were maintaining par
 2 levels and that if there were any expensive
 3 medications that there was justification for
 4 it.
 5 Q. And on that last example, how would you do that
 6 to make sure there was justification?
 7 A. That there was a patient actually receiving the
 8 medication and, again, it wasn't sitting on the
 9 shelf.
 10 Q. And were there any budgetary goals or marks
 11 that the facility needed to be within in terms
 12 of pharmaceutical expenses?
 13 A. There was a projected monthly budget of
 14 pharmaceuticals.
 15 Q. And do you know who prepared that projected
 16 monthly budget?
 17 A. Corporate.
 18 Q. It wasn't something that the HSA, that you did?
 19 A. No.
 20 Q. But you would be monitoring the expenses at the
 21 jail to make sure it fit within the confines of
 22 that protected budget?
 23 A. Correct.
 24 Q. And do you know what office or department at
 25 corporate that budget would come from?

(Pages 78 to 81)

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1 **A. Finance.**
 2 Q. And if you had an issue while you were at Lane
 3 County, if something came up related to the
 4 budget, is there a person at finance that you
 5 would -- that you considered basically your
 6 contact person?
 7 **A. Yes.**
 8 Q. So who was that?
 9 **A. Jacob Dyce.**
 10 Q. How do you spell Jacob's last name?
 11 **A. D-Y-C-E.**
 12 Q. And do you know what his job was?
 13 **A. No.**
 14 Q. And was he also your contact person when you
 15 were working in Washington County?
 16 **A. Yes.**
 17 Q. And do you know whether he's still in the same
 18 job?
 19 **A. He's not.**
 20 Q. Do you know if he's still at Corizon?
 21 **A. He is not.**
 22 Q. Do you know who took over his job?
 23 **A. I do not.**
 24 Q. And since you've moved to your new job in
 25 November, do you still have budget-type issues

83

1 that you deal with?
 2 **A. No, sir.**
 3 Q. Okay. So you don't have a point person now
 4 because you don't deal with these issues.
 5 **Correct?**
 6 **A. Correct.**
 7 Q. Was there also a system in place to monitor
 8 expenses of outside visits to outside doctors?
 9 Not ER visits, but specialist consultations.
 10 **A. There probably was, but not at my level.**
 11 Q. So unlike the payroll and the pharmaceutical
 12 which we've talked about, that looking at going
 13 to outside specialists is not something as the
 14 HSA you would have looked at?
 15 **A. Not for pricing.**
 16 Q. What would you have looked at it for?
 17 **A. Just how many visits there were, how long the**
 18 **visits were.**
 19 Q. Okay. It wasn't talked -- at least from what
 20 you reviewed, it wasn't talked about in terms
 21 of a budget number; it was just talked about in
 22 terms of number of visits and reasons for
 23 visits?
 24 **A. Correct.**
 25 Q. And was there a number of visits projected

84

1 for -- any benchmark that you were supposed to
 2 check it against?
 3 **A. Yes.**
 4 Q. So what was that called?
 5 **A. It was just part of the monthly report, and it**
 6 **showed the -- I don't even know what it's**
 7 **called now, but basically the projected number**
 8 **of visits per month.**
 9 Q. And do you know who or what entity within
 10 Corizon would have prepared that protection?
 11 **A. (Witness shakes head.)**
 12 Q. You have to answer out loud for her.
 13 **A. Sorry. No.**
 14 Q. And you would just -- you would look at it, at
 15 the report, to just compare it to the benchmark
 16 and also check it in the way you've already
 17 described, but you don't know where the
 18 benchmark number came from?
 19 **A. Correct.**
 20 Q. And was the same true for people going to the
 21 ER being hospitalized?
 22 **A. Correct.**
 23 Q. And in terms of the hospitalizations, was that
 24 talked about in terms of a dollar figure or a
 25 number of days or -- what was the sort of unit

85

1 of measure for --
 2 **A. There's number of days and then there was cost**
 3 **per day.**
 4 Q. So both?
 5 **A. (Witness nods head.)**
 6 Q. And would you get a monthly report that had a
 7 projection for both the number of days in a
 8 given month and also the cost per day?
 9 **A. Yes.**
 10 Q. And again, you don't know -- do you know where
 11 those projections came from?
 12 **A. Probably the same place the other ones came**
 13 **from.**
 14 Q. Okay. And in your experience, both at Lane
 15 County and at Washington County as the HSA,
 16 were there times when there would be overruns
 17 in some of these categories that we've been
 18 talking about?
 19 **A. Yes.**
 20 Q. And how would those be dealt with? What would
 21 you do as the HSA when there were overruns?
 22 **A. They would be discussed with the site medical**
 23 **director, the regional medical director, and**
 24 **utilization management department.**
 25 Q. And did you have a contact in utilization

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1 management that you went to?
 2 A. Yes.
 3 Q. Who was that?
 4 A. Christina Panico.
 5 Q. Spell her last name?
 6 A. P-A-N-I-C-O.
 7 Q. And was she your contact both when you were at
 8 Lane County and when you were at Washington
 9 County?
 10 A. I do believe so, yes.
 11 Q. And where was she located?
 12 A. East Coast somewhere.
 13 Q. Do you know whether she was in Tennessee?
 14 A. No, she wasn't. She was on the East Coast.
 15 Q. Okay. So you know she was not in Tennessee?
 16 A. Correct.
 17 Q. Do you know if Ms. Panico is still with
 18 Corizon?
 19 A. She is.
 20 Q. Do you know if she's in that same job?
 21 A. She is.
 22 Q. I think I forgot to ask this. Do you recall
 23 when you were the Lane County HSA who the
 24 regional medical director was?
 25 A. It was Dr. Garlick for a while and then it was

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1 Dr. Orr.
 2 Q. And does the same medical director oversee the
 3 Lane County jail and the Washington County
 4 jail?
 5 A. Yes.
 6 Q. So for the time you've been at Corizon as a
 7 whole, was it Dr. Garlick for a while and then
 8 Dr. Orr?
 9 A. Correct.
 10 Q. Is it still Dr. Orr?
 11 A. For right now, yes.
 12 Q. Is there some -- is there a change in the
 13 works?
 14 A. Possibly.
 15 Q. Tell me what you know about that.
 16 A. It's going to probably go back to Dr. Garlick,
 17 because there's a lot of contracts being looked
 18 at in California, which would make Dr. Orr
 19 extremely busy.
 20 Q. I can't remember. Does Dr. Garlick still work
 21 for Corizon?
 22 A. Yes.
 23 Q. All right. Take a look back at Exhibit 36, if
 24 you would again. So let me ask it this way
 25 with Exhibit 36. As you look at this big

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1 document now, is there some part of this that
 2 you would consider to be the contract? Is
 3 there some subset of this that was in your
 4 binder?
 5 A. As I said before --
 6 MR. DAIGLE: Object to the form.
 7 Go ahead.
 8 THE WITNESS: -- the RFP wasn't in my
 9 binder.
 10 BY MR. DEVLIN:
 11 Q. So what page number is there at the bottom?
 12 A. 110.
 13 Q. So taking 110 to the back, just looking at the
 14 chunk that's 56 to 109, does that excerpt of it
 15 look like the contract that was in your binder?
 16 And take a minute if you feel you need it.
 17 A. Yes.
 18 Q. I got lost because of the question. Yes, the
 19 excerpt from 56 to 109 looks like the document
 20 that would have been in the binder you've been
 21 referring to?
 22 A. Yes.
 23 Q. If look back at 107 to 108 for a second, those
 24 two matrixes, my colleague just raised a
 25 question. He noticed that service level A did

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1 not have a mental health person on Saturday and
 2 Sunday and service level B did.
 3 A. Correct.
 4 Q. And I think you said that your memory was that
 5 service level B is the one that was in effect
 6 when you were at Lane County, but our memory
 7 from talking to Mr. Pleich is that he wasn't
 8 working weekends at the time. So I just didn't
 9 know if --
 10 A. I'm not sure of what the ADP is when I was
 11 there, and the service levels are attached to
 12 the ADP. So if the ADP fell below 221, then it
 13 was service level A. So it might have been
 14 service level A that I was working under
 15 instead of service level B.
 16 Q. And how often did it change? I mean, the jail
 17 population obviously changes every day. Was
 18 this reassessed, A versus B, every week or
 19 every month? How was that done?
 20 A. No, it wasn't, because there's only one inmate
 21 number different between A and B. I'm not sure
 22 which one -- it could have been that we were
 23 under A, and B came after I left. I can't be
 24 certain.
 25 Q. If you were going to try and figure out the

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1 A. No.
 2 Q. Is the same procedure followed at the
 3 Washington County jail?
 4 A. No.
 5 Q. Tell me what happens at Washington County.
 6 A. At Washington County jail, once an inmate is
 7 received in from the sally port, they are an
 8 inmate in the jail and they get an intake
 9 screening.
 10 They may then go to court and be cited and
 11 released. But once at Washington County you
 12 enter the sally port, you become property of
 13 Washington County jail.
 14 Q. Okay. So let me break this down a little bit.
 15 So at the Washington County jail, when someone
 16 comes in the sally port and they're first dealt
 17 with by people at the jail, is that when a
 18 Corizon person does the screening with
 19 Exhibit 53?
 20 A. They have to be brought in from the sally port
 21 into the intake area. Custody needs to deal
 22 with them there first before we start the
 23 intake. When that procedure is done, then
 24 they're set in chairs to wait.
 25 And they come up on a screen at Washington

1 County is that the person is seen by a Corizon
 2 nurse as soon as they're brought into the jail?
 3 A. Yes. And as soon as they're brought into the
 4 jail and custody does their first piece and
 5 their name pops up on the screen as ready for
 6 intake.
 7 Q. And that was not the procedure that was
 8 followed in Lane County while you were the HSA?
 9 A. Correct.
 10 Q. When you -- and in Lane County while you were
 11 the HSA, the Corizon screening did not take
 12 place until a decision had been made that a
 13 particular inmate was going to be housed at the
 14 jail?
 15 A. Correct.
 16 Q. Was not going to be released for any reason?
 17 A. Correct.
 18 Q. A lot of times might have already had their
 19 initial court appearance?
 20 MR. DAIGLE: Object to form.
 21 THE WITNESS: I don't know. That's
 22 possible.
 23 BY MR. DEVLIN:
 24 Q. When you first got to the Lane County jail, did
 25 you ask anybody about why the procedure in Lane

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1 County, and that's what the intake nurse goes
 2 by, is who's on the screen. Because then the
 3 first procedure has been done. They are booked
 4 in, and they're ready for intake.
 5 And it has a whole screen, and it tells
 6 the nurse what's been done, what hasn't been
 7 done. And when she does her piece, then that
 8 piece is checked off.
 9 Q. So tell me if I have it wrong. You know, I'm
 10 just trying to understand. In Washington
 11 County as opposed to Lane County there is no
 12 several-hour gap in that process happening?
 13 That process happens when a person is first
 14 received into the jail?
 15 A. There might be a several-hour gap if there's 17
 16 people waiting to be screened for intake. One
 17 nurse is not going to be able to do everybody
 18 right away.
 19 Q. Right. But the reason there would be a delay
 20 or a gap, whatever words you want to use, in
 21 Washington County, is just literally because
 22 there are more people to be seen than a person
 23 available?
 24 A. Correct.
 25 Q. But the standard and procedure in Washington

1 County was different than the procedure at
 2 Washington County?
 3 A. Yes.
 4 Q. Who did you ask?
 5 A. I don't remember.
 6 Q. Was it a Corizon person or a Lane County
 7 person?
 8 A. I probably asked both.
 9 Q. Do you recall what those people told you?
 10 A. In essence, this is how we do it here.
 11 Q. Okay. Do you know whether that procedure at
 12 Lane County was actually following the contract
 13 between Lane County and Corizon?
 14 A. As a Corizon employee in a jail, I am beholden
 15 to how the jail runs their procedures. If
 16 that's how they run their procedure, then my
 17 intake starts when they tell me that the inmate
 18 is ready for me. I don't jump the gun.
 19 I do it the way custody has asked me to do
 20 it. That's how it's run and that's how it's
 21 run in any jail. We are guests in the jail.
 22 We don't own the jail. We don't make the
 23 rules. The only time we can supersede that is
 24 if there's a medical emergency.
 25 Q. I appreciate that, but it's a different

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1 question. Do you know whether the procedure
 2 that you described that was taking place in
 3 Lane County complies with the contract that
 4 Lane County and Corizon sign?
 5 **A. I don't understand your question.**
 6 **Q.** Do you know what the contract between Lane
 7 County and Corizon provided for in terms of
 8 when the Corizon screening should take place?
 9 **A. No.**
 10 **Q.** During your time as the HSA, did you ever look
 11 at it to try to figure out when that screening
 12 was supposed to take place?
 13 **A. That particular piece, no.**
 14 **Q.** So I just want to make sure I have this right.
 15 You said it's pretty vivid about someone
 16 basically saying, this is how we do things. Do
 17 you have any memory, as you sit here, about who
 18 from the Lane County Sheriff's Office said
 19 that?
 20 **A. Mr. Devlin, do you know how many conversations**
 21 **I had with people down there in the time I was**
 22 **there? Hundreds. Do I remember exactly what**
 23 **one person said to me regarding one question at**
 24 **one time? No, I do not.**
 25 **Maybe they explained the whole custody**

1 asking inmates when they were brought into the
 2 jail?
 3 **A. You already asked me a question about training,**
 4 **and I told you I did not know.**
 5 **Q.** Let me show you what's been marked as
 6 Exhibit 13. Can you tell me what Exhibit 13
 7 is?
 8 **A. Fit for confinement guideline.**
 9 **Q.** How is that used at the Lane County jail with
 10 HSA?
 11 **A. If we were called to the wall because there was**
 12 **a concern about an inmate who had been arrested**
 13 **and brought in, we would go and assess that**
 14 **individual to see if they were indeed fit for**
 15 **confinement.**
 16 **Q.** And is Exhibit 13, this first page here, is
 17 that the criteria that Corizon used to decide
 18 if someone is fit for confinement?
 19 **A. Yes, at Lane County.**
 20 **Q.** Do you know who prepared Exhibit 13?
 21 **A. I do not.**
 22 **Q.** Is there a similar fit for confinement
 23 guideline in effect at Washington County?
 24 **A. There is.**
 25 **Q.** Take a minute and look at first page of

99

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1 piece to me and I don't understand it because
 2 it's different at every jail. What I do
 3 understand is that they're in charge and I do
 4 as they ask me to. Does that answer your
 5 question?
 6 **Q.** Fair enough. Do you know whether -- what role
 7 the Lane County Sheriff's Office -- what job
 8 the Lane County Sheriff's Office did in terms
 9 of dealing with an inmate when they first came
 10 in?
 11 **A. I have no idea.**
 12 **Q.** Do you know if a Lane County sheriff's deputy
 13 asked any medical or mental health screening
 14 questions when an inmate was first brought in?
 15 **A. Yes, they did.**
 16 **Q.** Do you know what they asked about?
 17 **A. No, I don't.**
 18 **Q.** Could you or the HSA ever talk with anyone at
 19 Lane County about what kind of questions the
 20 sheriff's deputy should be asking at the intake
 21 stage?
 22 **A. No.**
 23 **Q.** Do you know whether Corizon ever provided any
 24 training to the Lane County sheriff's deputies
 25 about what kind of questions they should be

1 Exhibit 13 and tell me if, as best you can
 2 tell, if the guidelines are the same or
 3 different.
 4 **A. Some of them are a bit different.**
 5 **Q.** Can you identify which ones are different?
 6 **A. Not really, because I don't have the Washington**
 7 **County one in front of me.**
 8 **Q.** Is there something, as you're looking at
 9 Exhibit 13, that is standing out to you as
 10 being different than between Lane and
 11 Washington County?
 12 **A. Not at this moment, I cannot.**
 13 **Q.** Let me show you what's been marked as
 14 Exhibit 71. Do you recognize Exhibit 71?
 15 **A. Yes.**
 16 **Q.** What is Exhibit 71?
 17 **A. Policy and procedure on receiving screening.**
 18 **Q.** Is that a Corizon policy?
 19 **A. Yes.**
 20 **Q.** Can you read the first line there under
 21 "policy"? What does that say? Out loud,
 22 sorry.
 23 **A. Receiving screening as performed on inmates**
 24 **upon arrival at the intake facility to ensure**
 25 **that emergent and urgent medical and mental**

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1 confused. What was the first thing that day
 2 that you heard related to Mr. Green?
 3 **A. Man-down call.**
 4 Q. So were you actually in the courtroom?
 5 **A. No. I don't even know where the courtroom is.**
 6 Q. But you heard the call related to it?
 7 **A. Yes.**
 8 Q. Okay, great. So tell me if you remember where
 9 you were and what you were doing when you heard
 10 the call.
 11 **A. I was in the clinic starting an IV and drawing**
 12 **blood on a patient.**
 13 Q. And I guess I should have asked that. So as
 14 the HSA, did you both do administrative work
 15 and also do clinical work?
 16 **A. Yes.**
 17 Q. And so you were starting an IV, and were
 18 Ms. White and Ms. Fagan -- I'll call her
 19 Ms. Fagan just because it's easier. Were
 20 Ms. White and Ms. Fagan in the medical clinic
 21 at the same time?
 22 **A. I think so, but I'm not positive.**
 23 Q. Because you were working on the patient?
 24 **A. Right.**
 25 Q. So what did you do in response to the man-down

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1 call, if anything?
 2 **A. Nothing except verify that somebody else was**
 3 **going to go on it.**
 4 Q. You just made sure that someone was responding?
 5 **A. Right.**
 6 Q. Okay. From your perspective, what was the next
 7 thing that happened in connection with Kelly
 8 Green?
 9 **A. Me walking into the room where he was being**
 10 **treated.**
 11 Q. In the medical clinic?
 12 **A. Correct.**
 13 Q. So you didn't have any -- until Mr. Green was
 14 brought to the medical clinic -- from the time
 15 of the man-down call until he was brought to
 16 the medical clinic, you didn't hear anything
 17 about what was going on or anything? That was
 18 the next event?
 19 **A. Correct.**
 20 Q. There were no calls back to your office or
 21 anything like that?
 22 **A. Not that I remember.**
 23 Q. Okay. And so then tell me sort of -- I'll have
 24 some specific questions, but sometimes it
 25 helps. Walk me through, from your perspective,

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1 what was the first thing you heard and what did
 2 you do in response?
 3 MR. DAIGLE: Does that say 2/12?
 4 MR. COLEMAN: 9/12.
 5 MR. DEVLIN: 9/12. No, 2/12.
 6 MR. DAIGLE: 2/12, 2/12, not 9/12. Sorry.
 7 MR. DEVLIN: It's so hard to find good
 8 help these days.
 9 MR. DAIGLE: 2/12 was a Tuesday.
 10 MR. DEVLIN: So that helps, it was a
 11 Tuesday.
 12 MR. DAIGLE: We were both wrong.
 13 THE WITNESS: I could have been there
 14 anywhere from 6:30 to 8:30. It just depended
 15 on things.
 16 BY MR. DEVLIN:
 17 Q. So after the man-down call when you're just
 18 were doing your work in the clinic, walk me
 19 through sort of from your perspective what
 20 happened.
 21 **A. I finished with my patient, went back over to**
 22 **the administrative side. And then I think I**
 23 **got called over to the clinic, because I went**
 24 **into the clinic to the room where Mr. Green was**
 25 **being treated.**

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1 Q. And so then do you recall who called you over
 2 or why?
 3 **A. I think it was Jona, but I didn't -- I think**
 4 **she might have just said, I think you need to**
 5 **go over there, they need you over there, have**
 6 **you been over there. I'm not sure.**
 7 Q. Okay. So then what happened next from your
 8 perspective when you got to the room?
 9 **A. I looked in and saw Mr. Green and everybody**
 10 **that was in the room. And I looked at the**
 11 **wound on his head and spoke to the deputies**
 12 **about him going to the hospital.**
 13 Q. And so when you first went into the room, what
 14 was happening with Mr. Green? Was he still
 15 being stitched up?
 16 **A. Yes.**
 17 Q. And could you just describe, if you remember,
 18 kind of the -- where everybody was
 19 position-wise around him.
 20 **A. There was a male deputy sitting in a chair in**
 21 **the corner, and the exam table had been pushed**
 22 **over to the side. Chris was behind Mr. Green.**
 23 **He had a sterile drape over his head. She was**
 24 **stitching the wound.**
 25 **Sharon had her hands under the sterile**

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1 drape holding his head and neck. There was a
 2 female deputy on either side holding his arms.
 3 Then there was Sergeant Davis on the left of
 4 the door and Sergeant Balcom on the right of
 5 the door, and I was standing next to Sergeant
 6 Davis.
 7 Q. So let's break that down a little bit. So
 8 there was a male deputy in the room who you
 9 didn't know by name?
 10 A. I don't remember his name, yes.
 11 Q. But you knew by sight Sergeant Balcom and
 12 Sergeant Davis?
 13 A. Yes.
 14 Q. And they were both in the area?
 15 A. They were standing at the door.
 16 Q. And could you tell -- and Mr. Green obviously
 17 was in the wheelchair?
 18 A. Yes.
 19 Q. Could you tell whether Ms. Fagan, just from
 20 what you were observing, was she holding his
 21 head and neck so that it wouldn't move for the
 22 stitching or as a way to provide, you know,
 23 stabilization because worrying about a neck
 24 injury?
 25 MR. DAIGLE: Object to the form.

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1 BY MR. DEVLIN:
 2 Q. Or is there any way to tell?
 3 A. There would be no way to tell.
 4 Q. And did you say -- did you actually go and look
 5 at the wound yourself?
 6 A. Yes.
 7 Q. When you first got to the room, did you have
 8 any discussion with Ms. White or Ms. Fagan
 9 about what was going on with Mr. Green?
 10 A. No, because they were in the midst of treating
 11 him.
 12 Q. Okay. Tell me what you remember about looking
 13 at the wound. What did it look like? How bad
 14 was it?
 15 A. Pretty significant. It stretched across the
 16 top of his head. I don't know how deep or how
 17 wide it was. I don't remember. But obviously
 18 it was deep and wide enough to need stitches.
 19 Q. And so then -- and again, if I'm skipping
 20 something, tell me. I want to make sure I've
 21 got it. So you go and you see everybody, you
 22 check the wound. What's the next thing that
 23 you do?
 24 A. I step back out of the way. I stand in the
 25 doorway with the two sergeants, and I told

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1 Sergeant Davis that I felt that Mr. Green
 2 needed to go to the hospital right away.
 3 Q. It sounds like you have a specific memory of it
 4 being Sergeant Davis that you talked to?
 5 A. Yes, yes.
 6 Q. And what -- why did you say that to him? What
 7 was it about the situation?
 8 A. I believe that during the time we were standing
 9 at the door to the exam room I was aware of the
 10 circumstances of the injury. And because
 11 there's a head injury, I always feel it's
 12 prudent to send someone to the hospital to be
 13 checked out.
 14 Q. At that point, when you've made that statement
 15 to Sergeant Davis, tell me what -- as best you
 16 remember, tell me what you had heard about what
 17 had happened in the courtroom.
 18 A. If he told me at that time, it was that he had
 19 run himself into the wall in the courtroom.
 20 Q. Did you have any information at that point
 21 about whether or not Mr. Green had lost
 22 consciousness in the courtroom?
 23 A. I don't know that I had ascertained that.
 24 Q. Or how far from the wall he was when he ran his
 25 head in?

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1 A. I don't know that I ascertained that, either.
 2 Q. But you do have a memory of knowing at least
 3 that he didn't come from -- that the mechanism
 4 of injury was running his head into a wall?
 5 A. Correct.
 6 Q. And then you saw the wound?
 7 A. Correct.
 8 Q. Seriousness of the wound?
 9 A. Correct.
 10 Q. So what was the -- I understand that's the --
 11 mechanically that's the reason. Medically,
 12 what was the reason why you thought Mr. Green
 13 should go to the hospital?
 14 A. Because he had a head injury.
 15 Q. Was it just for the laceration?
 16 A. No, because he had a head injury.
 17 Q. So why would someone need to go to the hospital
 18 in that situation?
 19 A. To make sure that there isn't anything further
 20 going to and that there isn't further injury.
 21 Q. Further injury to what?
 22 A. Head, neck, spine, shoulders. I don't know how
 23 hard he hit. I don't know what hit. I don't
 24 know how much hit.
 25 Q. When you said to Sergeant Davis that Mr. Green

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1 needed to go to the hospital right away, did
 2 you have concerns that he might have suffered a
 3 neck or a spinal cord injury?
 4 **A. It could have crossed my mind. I was more**
 5 **concerned with the head injury and -- not just**
 6 **that his scalp was split open, but further head**
 7 **injury in his skull.**
 8 Q. That couldn't be seen?
 9 **A. Correct.**
 10 Q. Okay. But it's possible that envisioning
 11 obviously just an underlying head injury, it
 12 may have crossed your mind that a neck or a
 13 spinal cord injury is a possibility?
 14 **A. It may have, yes.**
 15 Q. Because certainly you agree that with that
 16 mechanism of injury and that kind of wound, it
 17 was a possibility?
 18 **A. Correct.**
 19 Q. What did Sergeant Davis say in response when
 20 you said that?
 21 **A. He said, we'll get him released within the**
 22 **hour, and we'll make sure he gets to the**
 23 **hospital.**
 24 Q. And what did you understand that to mean?
 25 **A. They were working on releasing him, and he**

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1 **would make sure that he got to the hospital,**
 2 **and that it would be within the hour.**
 3 MR. DEVLIN: Off the record for a second.
 4 (Interruption in the proceedings.)
 5 THE VIDEOGRAPHER: Back on.
 6 BY MR. DEVLIN:
 7 Q. So what was your understanding of what that
 8 meant, to work on getting him released?
 9 **A. That he would be talking with somebody -- I**
 10 **don't know who that would be, whether it would**
 11 **be court, DA, lieutenant -- and that they were**
 12 **working on releasing him from the jail.**
 13 Q. And did you -- why was that important? Why did
 14 it matter whether he was released or not if he
 15 needed to go to the hospital?
 16 **A. I'm not sure.**
 17 Q. So what did you say in response when Sergeant
 18 Davis told you that?
 19 **A. I verified that he said within the hour, and I**
 20 **also said, and it needs to be by ambulance.**
 21 Q. As opposed to? What were the other options?
 22 **A. Back of a squad car.**
 23 Q. Why did that matter to you that it be by
 24 ambulance?
 25 **A. Because he had a head injury. The back of a**

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1 **squad car is for less serious injuries, like,**
 2 **say, a broken arm. The arm is broken, but you**
 3 **don't need an ambulance to go to the hospital**
 4 **for a broken arm.**
 5 Q. And just -- the part -- just help me
 6 understand. Say he's going to be transported
 7 to the hospital. An ambulance -- why would an
 8 ambulance be different than a squad car?
 9 **A. An ambulance has paramedics who are trained in**
 10 **all levels of trauma.**
 11 Q. So did you think Mr. Green needed not only to
 12 go to the hospital but he needed to see a
 13 paramedic?
 14 **A. He needed to be accompanied by a paramedic**
 15 **between the jail and the hospital.**
 16 Q. And, in your mind, why was -- why?
 17 **A. That's prudent medical care for a head injury.**
 18 Q. And was one of the things you were worried
 19 about a subdural hematoma?
 20 **A. Possibly.**
 21 Q. Can you tell me what other things, if you think
 22 about it -- you know what a differential
 23 diagnosis is?
 24 **A. Yes.**
 25 Q. What would be the other things you're thinking

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1 about in terms of a differential diagnosis with
 2 the facts as you knew them?
 3 MR. DAIGLE: Object to the form.
 4 THE WITNESS: At any point he could lose
 5 consciousness. Sometimes with head injuries
 6 you can get nausea and vomiting. I didn't have
 7 his latest blood pressure, and blood pressure
 8 can skyrocket or plummet, depending on the
 9 body's response to trauma.
 10 He needed to have somebody with him who
 11 could attend to whatever came between the jail
 12 and the hospital.
 13 BY MR. DEVLIN:
 14 Q. And so, in your mind, was this an emergency?
 15 **A. In my mind it needed to happen as soon as it**
 16 **could happen.**
 17 Q. Could it have happened immediately?
 18 **A. I can't answer that now, but -- I don't know.**
 19 **I suppose it could have.**
 20 Q. Well, as the HSA at the jail, could you have
 21 told the deputies, I want a code 3 ambulance to
 22 come for this man right now, order it right
 23 now?
 24 **A. At that time I'm not sure that I felt**
 25 **comfortable in coming up against custody like**

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1 stitched up?
 2 **A. Not that I remember.**
 3 Q. You don't remember seeing him?
 4 **A. (Witness shakes head.)**
 5 Q. While Mr. Green was in the medical office, do
 6 you -- were you there when he defecated?
 7 **A. No.**
 8 Q. While you were there, do you know, had he -- I
 9 can't think of a good way to ask this. When
 10 you got to the medical office, had he already
 11 defecated?
 12 **A. Not that I'm aware of.**
 13 Q. Okay. Do you know, as you sit here today, at
 14 some point in the medical office Mr. Green did
 15 defecate?
 16 **A. Not that I'm aware of. Two deputies talked**
 17 **about it, but I don't know that it happened.**
 18 Q. When you say two deputies talked about it, what
 19 are you referring to?
 20 **A. The two female deputies. When Mr. Green was**
 21 **fidgeting in his chair, one of them said, I**
 22 **think he's trying to poop his pants right now.**
 23 Q. Okay. So while you were there, there was some
 24 discussion of it, but you're saying you don't
 25 know that it happened --

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1 **A. Right.**
 2 Q. -- because you couldn't verify it?
 3 **A. Correct.**
 4 Q. Did you ever hear later at any point before
 5 this morning that, in fact, he did defecate in
 6 the medical office?
 7 **A. I have no knowledge of that whatsoever.**
 8 Q. So tell me what happened next, from your
 9 perspective, after your discussion with
 10 Sergeant Davis.
 11 **A. I believe I went back to my office, and I don't**
 12 **remember what happened after that until later**
 13 **on in the afternoon.**
 14 Q. Well, when you left the medical office, was
 15 Mr. Green still being worked on?
 16 **A. Yes.**
 17 Q. So you were not there when he was taken from
 18 the office?
 19 **A. No, I wasn't.**
 20 Q. And when you went back to your office, were you
 21 doing work related to Mr. Green or other work?
 22 **A. I don't remember. I would imagine other work.**
 23 Q. I mean, in your mind, when you finished talking
 24 to Sergeant Davis, the issue was taken care of?
 25 **A. Correct.**

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1 Q. So as the HSA at the facility, did you have the
 2 ability to call the ambulance yourself?
 3 **A. I'm not sure. I don't remember how that went.**
 4 **At Washington we can call ourselves and we do.**
 5 **We just inform the sergeant on duty and master**
 6 **control. But I don't remember the chain of**
 7 **command of command events at Lane.**
 8 Q. And I'm glad you brought that up, because
 9 that's a good point to clarify. So at
 10 Washington County as the HSA, you can directly
 11 contact EMS if you think they're necessary?
 12 **A. Yes.**
 13 Q. And obviously you'd let your staff know?
 14 **A. Yes.**
 15 Q. So did you feel -- when you first said that
 16 Mr. Green needed to go to the hospital right
 17 away, did you feel like Sergeant Davis was
 18 overruling you?
 19 **A. I'm not sure. I don't think that was his**
 20 **intent but, you know, I can't speak for him.**
 21 Q. Well, in your mind, I guess, because I know it
 22 takes a little time for the ambulance to come
 23 and for them to get him out of jail.
 24 **A. Right.**
 25 Q. So, I mean, did you feel like he was doing what

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1 you asked him to do, or what he said was
 2 different than what you asked him to do?
 3 **A. No. I felt that, you know, in the time it**
 4 **would take Chris to finish stitching him up and**
 5 **for them to call the ambulance and for him to**
 6 **get whatever he had to do on the release part**
 7 **of it, that it would probably all happen at**
 8 **around the same time.**
 9 Q. Okay, okay. That's helpful.
 10 So then what was the next thing that
 11 you -- the next time during that day you heard
 12 anything about Mr. Green?
 13 **A. When Sharon contacted me -- and I can't**
 14 **remember if she called me or she came to my**
 15 **office or had somebody come get me. But she**
 16 **told me I needed to go to medical segregation**
 17 **with her because Mr. Green was laying in the**
 18 **cell.**
 19 Q. And what did you think when you heard that?
 20 **A. It couldn't possibly be true, because I had**
 21 **been told he was going to be sent to the**
 22 **hospital.**
 23 Q. So what did you do in response?
 24 **A. I went.**
 25 Q. And how was -- can you describe what

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1 Ms. Fagan's demeanor was when she came to tell
 2 you? Was she calm? Was she upset?
 3 **A. Upset.**
 4 Q. So walk me through what happened next.
 5 **A. We entered the cell and found Mr. Green lying**
 6 **in his cell with his clothes on. He had soiled**
 7 **himself, so she and I removed his pants and**
 8 **cleaned him up as best we could, taking very**
 9 **strict care not to move him except in what's**
 10 **called a log-roll style where the whole body**
 11 **moves as one.**
 12 **And I turned to -- there was a deputy**
 13 **standing there, and I turned to him and I said,**
 14 **you need to call an ambulance right now. And**
 15 **why isn't he -- why is he still here?**
 16 Q. Were you upset?
 17 **A. Yes.**
 18 Q. Did you raise your voice?
 19 **A. Probably.**
 20 Q. Did that happen inside the cell?
 21 **A. Yes.**
 22 Q. What did the deputy do when you said that?
 23 **A. Well, he had to wait for us to be finished**
 24 **before he could leave, because we can't be left**
 25 **in the cell alone with an inmate.**

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1 **So when we were finished, I went probably**
 2 **back to medical, I don't remember for certain,**
 3 **and I would assume he went and made the phone**
 4 **call.**
 5 Q. When you saw Mr. Green, was he able to move?
 6 **A. I don't remember what he could move. I -- he**
 7 **couldn't move his arms. He could move his legs**
 8 **a little bit, I think. He could still talk to**
 9 **us.**
 10 Q. Tell me what, if anything, specifically you
 11 remember about his legs being able to move.
 12 **A. I think I asked him if he could lift his leg up**
 13 **for me so I could pull the pants down, and he**
 14 **was able to do it a little tiny bit.**
 15 Q. So lift his leg a little bit off the bed?
 16 **A. Yes.**
 17 Q. Do you know if that was one or both?
 18 **A. I don't remember.**
 19 Q. I assume you know what a neurological exam is?
 20 **A. Yes.**
 21 Q. Did you do any kind of a neurological exam on
 22 him?
 23 **A. No, I did not.**
 24 Q. Did Ms. Fagan do it while you were there?
 25 **A. No. We were busy cleaning him up, and she was**

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1 **going to get paperwork ready I think for the**
 2 **ambulance.**
 3 Q. By the time you got into Mr. Green's cell that
 4 afternoon, do you know whether anyone had
 5 seen -- anyone from Corizon had seen him, you
 6 know, in the last little bit of time?
 7 **A. I did not know.**
 8 Q. Did you -- did you see Ms. White around while
 9 you were taking care of Mr. Green in the
 10 afternoon there?
 11 **A. No.**
 12 Q. Do you know whether she had left for the day
 13 already?
 14 **A. I don't remember.**
 15 Q. When you walked in and you saw Mr. Green in the
 16 condition he was in, what did you think?
 17 **A. I couldn't believe he was still there.**
 18 Q. Because of what you'd been told earlier in the
 19 day?
 20 **A. Right, right.**
 21 Q. I'm assuming after, based on what you said
 22 already, that after you had the conversation
 23 with Sergeant Davis and went back to your
 24 office, you didn't independently do anything to
 25 make sure he had been sent to the hospital?

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1 **A. No.**
 2 Q. You just figured that they said they would do
 3 it and they'd take care of it?
 4 **A. And Chris and Sharon were still there, so I**
 5 **knew that they were capable of tying up what**
 6 **needed to be tied up.**
 7 Q. Right. Between the time you left the medical
 8 office and when you saw Mr. Green later in the
 9 day, do you recall whether you talked with
 10 Ms. White at all about Mr. Green?
 11 **A. I don't recall.**
 12 Q. Or do you recall whether you talked to
 13 Mr. Fagan about Mr. Green?
 14 **A. I don't recall.**
 15 Q. Do you remember how you spent -- and I know you
 16 don't remember exactly who you saw. But do you
 17 remember how you spent that time, the bulk of
 18 that day, whether you were in the clinic or the
 19 administrative office or . . .
 20 **A. I remember the patient that I drew the labs on,**
 21 **there was a nurse with me that was job**
 22 **shadowing me, and so I was showing her things**
 23 **that, you know, the HSA did at Lane County. I**
 24 **don't remember anything else.**
 25 Q. I appreciate that your initial thought when I

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1 asked you this question is going to be that
 2 there's no such thing as a typical day at the
 3 jail. I get that.
 4 Is there any way to give me a sense of, on
 5 an average day, what percent of time you would
 6 spend in the clinic versus in the
 7 administrative office. And I know it will be
 8 rough. I'm just trying to get a handle on it.
 9 A. Like you say, you know, it varies. I would be
 10 in and out of the clinic many, many times a day
 11 just using the fax machine or the copier or
 12 pulling charts or talking with somebody about
 13 something.
 14 Or they would call me over to do
 15 something, draw a lab or help them with
 16 somebody. I would say a typical day was maybe
 17 50/50 or 60/40.
 18 Q. And I understand it's rough.
 19 A. Yeah.
 20 Q. Was there some kind of procedure if someone
 21 from -- were there ever times where someone
 22 from the jail, or the deputy -- not an inmate,
 23 but a jail deputy would call the medical office
 24 for some reason?
 25 A. Yes.

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1 Q. Was there any kind of procedure in place for
 2 who was supposed to answer the question?
 3 A. Whoever is sitting by it.
 4 Q. There wasn't a receptionist?
 5 A. Sometimes there was. If we were seeing
 6 patients in the clinic, there would be sitting
 7 signature at the desk coordinating patient
 8 traffic, but not all the time.
 9 Q. And if that was happening, if there was a
 10 person doing that, who would typically have
 11 done that?
 12 A. Who would typically have answered the phone?
 13 Q. Right.
 14 A. The person sitting at that desk.
 15 Q. And was there like a job position or a person
 16 who would do that? If the clinic was busy like
 17 you described it, was there one person whose
 18 job it was to do that?
 19 A. Not at that time there wasn't, no. It was
 20 whoever was available.
 21 Q. And was there any kind of documentation kept
 22 when that type of phone call would come in from
 23 a deputy, like a log by the phone or --
 24 A. No, no.
 25 Q. When you saw Mr. Green in the afternoon, at

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1 that point did you think it was an emergency?
 2 A. Yes.
 3 Q. And what about it at that point made you think
 4 it was an emergency?
 5 A. There was too much time between the incident
 6 and when I found him in the cell.
 7 Q. What were the potential problems, or why was
 8 that a bad thing?
 9 A. No one had looked at him. There had been no
 10 x-rays, no scans, no neurology consult, no
 11 orthopedic consult, nothing.
 12 Q. At that point when you saw him in the
 13 afternoon, did it cross your mind at all that
 14 he was faking?
 15 A. No.
 16 Q. You thought he -- when he said he couldn't
 17 move, you thought he couldn't move?
 18 A. Yes.
 19 Q. Could you describe a little bit what you
 20 remember the condition he was in. I know he
 21 soiled himself and you had to clean him up.
 22 Just as best you remember, how extensive was
 23 it? Where was it?
 24 A. You me to describe the poop, is that what
 25 you're asking me?

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1 Q. I do.
 2 A. It was caked over all of his genital area and
 3 on his buttocks. And because he couldn't move
 4 very well, it was difficult to do it and also
 5 to maintain his spinal integrity. It was
 6 difficult, so we did the best we could.
 7 Q. Could you tell whether some of the feces had
 8 been there for a while as opposed to being
 9 recent?
 10 A. That I don't -- I don't recall.
 11 Q. When you went into the cell, how bad was the
 12 smell? Was it a little bit or pretty
 13 overpowering?
 14 A. I don't recall that, either.
 15 Q. Did you have any idea at that point what his
 16 vital signs were or whether they had been taken
 17 recently?
 18 A. I don't. But Sharon was going to go back and
 19 get the equipment and take a set of vitals when
 20 we were done.
 21 Q. Did you have any concerns when you first went
 22 into the room that -- you've described some of
 23 the problems, some of the reasons why the delay
 24 was not good. Did you have concerns that his
 25 neck -- he had had no immobilization of his

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1 A. I don't.
 2 Q. Are you aware -- were you aware back then as
 3 the HSA that there were video cameras all over
 4 the jail?
 5 A. Yes.
 6 Q. And is it fair to say most everything that
 7 happens in the jail is on video somewhere?
 8 A. Yes.
 9 Q. Did you ever make any effort as the HSA to go
 10 back close in time and review available video
 11 to figure out -- get more information about
 12 what had happened with Mr. Green?
 13 A. No.
 14 Q. Why not?
 15 A. I don't know. Never crossed my mind.
 16 MR. DAIGLE: Hold on for a minute.
 17 (A lunch recess is taken.)
 18 THE VIDEOGRAPHER: Back on.
 19 BY MR. DEVLIN:
 20 Q. Okay. Ms. Thomas, I have a few random kind of
 21 cleanup questions. You said the date this
 22 happened to Mr. Green there was someone who was
 23 job shadowing you.
 24 A. Um-hum.
 25 Q. Do you remember who that was?

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1 A. Leslie O'Neill.
 2 Q. And did she subsequently go to work at Corizon?
 3 A. She was also a Corizon employee.
 4 Q. Oh, okay. And is she still at Corizon?
 5 A. Yes.
 6 Q. Do you know where she's working now?
 7 A. Washington County.
 8 Q. Was what was the reason she was following you
 9 that day?
 10 A. Jeremy was considering placing her as HSA at
 11 Clackamas.
 12 Q. I see. So to give her a sense of that what
 13 that entailed?
 14 A. Um-hum.
 15 Q. And then Stevens Hippolyte, do you know whether
 16 he's an RN?
 17 A. He is not.
 18 Q. Or a physician's assistant?
 19 A. He is not.
 20 Q. Does he have any kind of medical license?
 21 A. No.
 22 Q. Or medical background?
 23 A. He had some medical background. I don't
 24 remember what it was.
 25 Q. But not a professional license?

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1 A. Correct.
 2 Q. Okay. And then when you were cleaning up
 3 Mr. Green and you noticed the feces, like we
 4 talked about, did you notice whether or not he
 5 had also urinated on himself?
 6 A. I don't remember.
 7 Q. I want to go back to the discussion you had
 8 with Ms. White after the incident with
 9 Mr. Green. Do you recall Ms. White telling you
 10 that Mr. Green had been struggling or fighting
 11 or pushed her away in any way in the courtroom?
 12 A. I don't remember that, no.
 13 Q. If she told you that, do you think you'd
 14 remember that?
 15 A. Yes.
 16 Q. I know you weren't in the courtroom, but let me
 17 tell that -- my understanding is the Corizon
 18 medical people that were in the courtroom were
 19 -- actually, I should ask you that point.
 20 Do you know who was in courtroom for
 21 Corizon?
 22 A. I know Chris was there. I'm assuming Sharon
 23 was there. And after that, I don't -- I don't
 24 know.
 25 Q. But if Chris was there, Ms. White, is it your

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1 expectation that she would be the one in charge
 2 medically of the situation?
 3 A. Absolutely.
 4 Q. After this conversation you had with Ms. White,
 5 did you ever talk with her again about what
 6 happened with Mr. Green, as best you can
 7 remember?
 8 A. Yes.
 9 Q. Tell me when the next time was.
 10 A. I don't remember when the next time was, but we
 11 talked about it a few times after that.
 12 Q. Can you tell me what you remember about any of
 13 those other discussions?
 14 A. They were basically the same, just the chain of
 15 events. That's all I remember.
 16 Q. As best you can recall, did any of the details
 17 of what Ms. White told you happened, did they
 18 change in any of the different times she told
 19 you?
 20 A. No.
 21 Q. Is that a consistent story that she told you?
 22 A. Yes.
 23 Q. Let me mark this as Exhibit 89.
 24 (Deposition Exhibit No. 89 is
 25 marked for identification.)

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1 BY MR. DEVLIN:
 2 Q. This is a one-page document that we received
 3 from Corizon in discovery. It's got a number
 4 CORIZON1281 at the bottom. The format of this
 5 document, do you recognize this?
 6 A. No.
 7 Q. My understanding is it's a printout of the
 8 Corizon folks who were working in the jail on
 9 February 11th to February 12th. I assume you
 10 recognize the name shown there?
 11 A. Yes.
 12 Q. Okay. I just want to focus on the
 13 February 12th day. We've talked about you and
 14 Ms. Fagan. Martin McCarthy, can you tell me
 15 what job duties Mr. McCarthy had?
 16 A. Well, as an RN he could have been doing intake
 17 in the detoxers. He could have been in the
 18 clinic. I don't remember what he was doing
 19 that day.
 20 Q. But were he and Ms. Fagan basically
 21 equivalent-level folks?
 22 A. Oh, yes.
 23 Q. And then how do you say her name? Is it Jona?
 24 A. Yes.
 25 Q. How do you say her last name?

1 A. Correct.
 2 Q. And then overnight, the graveyard shift, there
 3 were two RNs on duty, Ms. Looney and
 4 Ms. Killingbeck. And did they have the same
 5 basic job duties as Ms. Fagan?
 6 A. They did, but Ms. Rene Killingbeck is not an
 7 RN.
 8 Q. What's her --
 9 A. She's an LPN.
 10 Q. What's the difference between the two?
 11 A. The level of training. LPNs cannot give
 12 intravenous medications. They're limited in
 13 their scope of practice. They cannot delegate.
 14 They cannot do assessments. They can do
 15 observations. That's about it, I think.
 16 Q. So but in the hierarchy, an RN is higher than
 17 an LPN?
 18 A. Yes.
 19 Q. Other than Ms. White, what you've already
 20 described, did you ever, you know, close in
 21 time to what happened with Mr. Green, did you
 22 ever talk to anybody else about what happened
 23 with Mr. Green?
 24 A. Possibly Sharon.
 25 Q. Ms. Fagan?

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1 A. Bourgard.
 2 Q. So the initial CMA, what does that stand for?
 3 A. Certified medication assistant.
 4 Q. And then next to it there's Gail --
 5 A. Fore.
 6 Q. Fore?
 7 A. Yes.
 8 Q. Also a certified medication assistant?
 9 A. Right.
 10 Q. And what was the job that Ms. Bourgard and
 11 Ms. Fore did at the jail?
 12 A. They passed the medications to the inmates in
 13 the housing units.
 14 Q. And then there's Mr. Pleich, Ms. White, and
 15 Ms. Panzer. And then looking at the swing
 16 shift, there's Tanya Elliott and Leah Smith.
 17 And again, did Ms. Elliott and Ms. Smith
 18 basically have a job equivalent to Ms. Fagan's?
 19 A. Yes.
 20 Q. RNs?
 21 A. Yes.
 22 Q. And the name Karen Clark here, her name was
 23 equivalent to Ms. Bourgard's?
 24 A. Yes.
 25 Q. Just a different time of day?

1 A. Yes.
 2 Q. But you don't -- as opposed to Ms. White, it
 3 sounds like -- do you have a memory of talking
 4 to her at all?
 5 A. Not really.
 6 Q. Okay. Anybody else in Corizon, did you talk to
 7 them about what had happened close in time to
 8 what had happened?
 9 A. Not that I can recall.
 10 Q. Did you talk to anybody at the sheriff's office
 11 about Mr. Green and what happened to him close
 12 in time --
 13 A. Lieutenant Brown.
 14 Q. And tell me about when. How soon after did you
 15 talk to Lieutenant Brown?
 16 A. I want -- I want to say the next day. I'm not
 17 positive on that.
 18 Q. And do you recall why you talked to him?
 19 A. To go over what had happened.
 20 Q. And was that discussion -- did you initiate
 21 that or did he?
 22 A. I can't remember.
 23 Q. When you talked to him, was it just you and
 24 him?
 25 A. Yes.

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1 Q. Can you tell me anything else that you two
2 discussed?
3 **A. That's all I remember discussing, was this.**
4 Q. Did Mr. Mischler indicate that he was going to
5 do anything else to try to get to the bottom of
6 what had happened here?
7 **A. Not that I'm aware of.**
8 Q. After you got off the phone with Mr. Mischler,
9 did you do anything else to try to figure out
10 whether what the deputy said in this memo was
11 true?
12 **A. Not that I recall.**
13 Q. Why not?
14 **A. I'm in Washington County. How am I going to**
15 **talk to deputies at Lane County and how do I**
16 **approach deputies at Lane County asking them if**
17 **this is true?**
18 Q. Did you contact whoever was above you on the
19 chain at Corizon to let them know about this
20 information?
21 **A. No.**
22 Q. Why not?
23 **A. I assumed if Kevin had a copy of it, they**
24 **would, too.**
25 Q. So having left Lane County, you figured if

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1 there was something to look into, it was
2 Kevin's role to look into it?
3 **A. Or actually it would be corporate's role to**
4 **look into it, since Kevin was not there when it**
5 **occurred.**
6 Q. Other than this discussion with Mr. Mischler,
7 do you recall anything else, any other time
8 hearing about what the deputy said in his memo?
9 **A. No.**
10 Q. If the supervisor of medical people both at
11 Lane County and Washington County -- if what
12 the deputy says in this memo is true, and I'm
13 not saying it is or it isn't.
14 But if it's true, did the Corizon people
15 referenced in here follow proper policies and
16 procedures?
17 **A. No.**
18 Q. What should have happened? Again, if it's
19 true, what should have happened after the first
20 call from the deputy?
21 MR. DAIGLE: Object to form.
22 THE WITNESS: Do I answer?
23 BY MR. DEVLIN:
24 Q. Yeah.
25 **A. You're asking me to speculate, thinking about**

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1 **all the medical staff at Lane County at the**
2 **time, which could be anyone from the**
3 **administrative assistant up to and including**
4 **myself and Chris. I can't speculate what they**
5 **would have done.**
6 Q. What should they have done?
7 MR. DAIGLE: Object to form.
8 THE WITNESS: They should have gone to the
9 cell and done an assessment of Mr. Green, and
10 then come to me or to custody to find out why
11 he was still in the jail.
12 BY MR. DEVLIN:
13 Q. And presumably if it was a lower-level person
14 that wouldn't themselves do an assessment, they
15 should have notified someone like yourself or
16 Ms. White or Ms. Fagan, who could do an
17 assessment?
18 **A. Correct.**
19 Q. Oh, have you ever -- in the time after this
20 happened with Mr. Green, did you ever talk to
21 Mr. Pleich about what he may or may not have
22 done that day?
23 **A. No.**
24 Q. I want to show you what's been marked as
25 Exhibit 58. Tell me if you've seen Exhibit 58.

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1 **A. Yes.**
2 Q. Do you recall when you first saw Exhibit 58?
3 **A. No.**
4 Q. Do you know what Exhibit 58 is?
5 **A. Yes.**
6 Q. What is it?
7 **A. It's the form that Jacob uses when he has**
8 **encounters with mental health patients.**
9 Q. And do you know what time on February 12th,
10 2013 Mr. Pleich saw Mr. Green?
11 **A. No.**
12 Q. And is there a place on the form to indicate
13 that?
14 **A. Yes.**
15 Q. Is that under "time seen"?
16 **A. Yes.**
17 Q. And there's no time indicated?
18 **A. Correct.**
19 Q. I assume you've seen these forms in your job as
20 an HSA for lots of people?
21 **A. Yes, yes.**
22 Q. Based on the way Mr. Pleich filled out this
23 form, what was the next thing that was going to
24 happen with Mr. Green if, you know, all the
25 policies and procedures were being followed?

(Pages 170 to 173)

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